Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy

477 W. Horton Rd.
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: _____ Height: _____

Allergies: _____

Total Parenteral Nutrition (TPN) Order Form

◆ **Orders are initiated unless crossed out by provider.**
❑ **Check box to initiate order.**   Please complete this form and fax to (360)933-1197

Diagnoses: _____ ICD-10: _____

Medication Orders:

Days per week: _____

❑ Cyclic: Infuse over _____ hours (Taper up and down x1 hour)   ❑ Continuous (24 hours/day)

Macronutrient Components:

❑ Clinimix (5/15) 2000 ml	❑ Clinimix (4.25/10) 2000 ml	❑ Custom Formula
Amino Acids 5%/ Dextrose 15%	Amino Acids 4.25%/Dextrose10%	Amino Acids (4 kcal/gm) _____ %
1490 kCal	1020 kCal	Dextrose (3.4 kcal/gm) _____ %
(Recommended for patients >65 kg)	(Recommended for patients <65 kg)	Volume (excludes lipids): _____

Lipids (20%): ❑ 250 ml/day (500 kcal/day)   ❑ _____ ml/day
Frequency: ❑ Daily   ❑ Twice weekly   ❑Three times weekly   ❑Other: _____

Electrolytes:

❑ Standard:	❑ Custom (specify amount of each electrolyte)
◆ Sodium 35 mEq/L	◆ Na: _____ mEq (60-100 mEq)
◆ Potassium 30 mEq/L	◆ K: _____ mEq (60-100 mEq)
◆ Magnesium 5mEq/L	◆ Mg: _____ mEq (10-20 mEq)
◆ Calcium 4.5 mEq/L	◆ Ca: _____ mEq (9-18 mEq)
◆ Phosphate 15 mMol/L	◆ Phosphate: _____ mEq (20-30 mEq)
◆ Acetate 80 mEq/L	◆ Acetate: _____ mEq (0-100 mEq)
◆ Chloride 39 mEq/L	◆ Chloride: _____ mEq

Additives: Check all required additives and specify amount

❑ Multivitamin (MVI-12)*   ❑ 10 ml/day   ❑ _____ ml/day
❑ Trace Elements**:   ❑ 1 ml/day   ❑ _____ ml/day
❑ Regular Insulin*: _____ units/day
❑ Famotidine*: _____mg/day
❑ Ranitidine*: _____mg/day
❑ Other: _____

* To be added immediately before administration
** Trace elements per 1ml:
◆ Zinc 5mg
◆ Copper 1mg
◆ Manganese 0.5mg
◆ Chromium 10mcg
◆ Selenium 60mcg

❑ Clinical Pharmacist to monitor labs and adjust formula as needed
◆ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
◆ Infusion Reaction Management per Infusion Solutions Protocol as needed.

Labs:

❑ CBC with Diff	❑ weekly ❑ every _____
❑ CMP	❑ weekly ❑ every _____
❑ Magnesium	❑ weekly ❑ every _____
❑ Phosphorus	❑ weekly ❑ every _____
❑ Pre-albumin	❑ weekly ❑ every _____
❑ Other: _____	❑ weekly ❑ every _____

Blood Glucose Monitoring:

❑ Twice daily (for continuous infusion)
❑ 1 hour before infusion (for cyclic infusion)
❑ 2 hours into infusion (for cyclic infusion)
❑ With routine labs (if stable)
❑ Other: _____

_____   _____
Prescriber Signature   *Date*

_____
Please Print Name

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